

THE CALIFORNIA J-1 VISA WAIVER PROGRAM

Federal Law requires that foreign physicians seeking to pursue graduate medical education or training in the United States must obtain a J-1 Exchange Visitor Visa. The J-1 Visa allows physicians to remain in the U.S. until their studies are completed. Upon completion of their studies, the physicians must return to their home country for at least two years before they can return to the U.S. Physicians who are subject to the two-year home country residence requirement may apply for a waiver of that requirement with a statement in support of a waiver from an interested state health department.

California is allowed 30 recommendations each federal fiscal year (October 1 – September 30) to the U.S. Department of State. The Department of State reviews the application and makes recommendations to the U.S. Immigration and Naturalization Services (INS) as to whether or not the residency waiver should be granted. The INS makes the final determination and informs the applicant and the California Department of Health Services of their decision. The process takes approximately 6 months.

For more information contact Gillian Higgs at (916) 449-5756 or by e-mail at ghiggs1@dhs.ca.gov

- [Section 1: Description of Waiver process](#)

Requests for a waiver of the foreign residence requirement should be made by local health care facilities directly to the California Department of Health, Primary and Rural Health Care Systems Branch (PRHCSB).

Each case will be reviewed by the PRHCSB to determine whether the application is complete. If all materials are in order, the initial review process should take approximately three weeks.

Only thirty (30) waivers can be granted per federal fiscal year (October 1 through September 30). Each case file will be assigned a priority number.

The PRHCSB will make the decision whether to recommend a request for a waiver of the home residence requirement. If the decision is in the affirmative, the case file, along with necessary cover letters, will be sent to the United States Department of State. The complete state process may take up to 30 days.

- [Section 2: Waivers Requests Guidelines and Documents](#)

PROGRAM GUIDELINES

1. The California J-1 visa waiver program targets primary care physicians who have completed a U.S. residency training program in one of the following specialties: Family Medicine, General Pediatrics (must be board certified for facilities

- providing CHDP services), General Obstetrics, General Internal Medicine or General Psychiatry with no subsequent specialty training.
2. The physician must demonstrate a bona fide offer of full-time employment at a health facility (a copy of the complete contract) and must agree to begin employment at such facility within 90 days of receiving a waiver.
 3. The offer must contain a provision, and the physician must agree, to work at the health care facility in which he/she is employed for a total of not less than 3 years. Additionally it must be a full time position (40 hours per week).
 4. The physician must practice primary care medicine full-time in the geographic area or areas that are designated by the Secretary of Health and Human Services as a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).
 5. The physician must be employed by a health care facility that accepts Medicaid/Medicare eligible patients, as well as medically indigent patients.
 6. Recruitment/retention efforts must be described. It must be clearly demonstrated that a suitable replacement for the physician cannot be found through recruitment or any other means. In addition, the health care facility's long-range plans for retention of the physician must be detailed.
 7. The physician must meet all medical licensure requirements for the state of California.
 8. The application must include copies of all IAP-66 forms "Certificate of Eligibility for Exchange Visitor (J-1) Status" and INS forms 1-94 for the physician and any family members. If the physician is contractually obligated to return to her/his home country, a copy of a letter is required from the home country stating that the home country has no objection to the physician remaining in the United States.
 9. The request must contain a complete vitae of the physician.
 10. The facility must commit that it will not facilitate the process of acquiring permanent residence for the physician until he/she has been employed in accordance with these requirements for at least two years.
 11. The program applies to physicians who have been admitted to the United States in, or have acquired, a J-1 visa status before June 1, 2002.

- [Section 3: Waiver Package Checklist](#)

Submit your request including all of the following information to:

California	Department	of	Health	Services
Catherine	Camacho,		Deputy	Director
Division	of	Primary	and	Family
GILLIAN		Care		HIGGO
1615		Capitol		Avenue
PO		Box		942732
MS				8501
Sacramento, California 95814				

All documents must include the case number assigned by the U.S. Department of State.

1. Summary of Situation: A letter from the head of the facility at which the physician will be employed that:
 - Requests that the California Department of Health Services act as an interested government agency and recommend a waiver for the J-1 physician;
 - Summarizes how the health care facility has attempted to locate qualified U.S. physicians;
 - Describes the physician's qualifications, proposed responsibilities and how their employment will satisfy important unmet health care needs of a medically underserved community; and
 - State unequivocally that the facility is offering the physician at least three years of employment in a job consistent with the Department's mission, a description of the critical need of the facility's service area and how the facility will assure that the physician will serve that need.
2. Description of the medical facility: Provide a detailed description of the health care facility, including the nature and extent of its medical services.
3. The health care facility must have a sliding scale fee posted in the appropriate language for the local population and must include a copy with the application.
4. Valid contract of employment with health care facility of not less than three (3) years.
5. List of Health Care Professional Shortage Areas (HPSAs), Medically Underserved Areas/Populations (MUA/MUPs) and documentation from state/local health care officials stating need for the services of the physician.
6. Recruitment and retention efforts: (Copies of advertisements, agreements placement services, etc.). The U.S. Department of State requires this information. Also submit a statement detailing the plans for the physician during and beyond the 3-year obligation.
7. Effect on area of waiver denial.
8. Copy of Department of State File number notification – this number must appear on every page submitted with the application.
9. Qualifications: proof of California medical licensure eligibility.>
10. Physician curriculum vitae and letters of recommendation. This document must include the physician's date of birth, city of birth, and country of birth. Name and address must be included at the top of this document.
11. Copies of all IAP-66 of physician covering every period (year) the visitor was in J-1 visa status
12. Copies of 1-94 of physician and family members (front & back)
13. Proof of passage of examinations required by Immigration and Naturalization Services (INS)
14. Completed Waiver Review Application Data Sheet
15. Completed J-1 Visa Waiver Policy Affidavit and Agreement
16. Valid offer of employment with health care organization for at least three years

17. Physician statement of whether contractually obligated to return to home country, and if so obligated, statement of non-objection from home government.

A signed and notarized statement from the foreign medical graduate that he/she agrees to meet the requirements set forth in Section 214(k)(1)(B) and (C) of the Immigration and Nationality Act is required as follows: I _____ (name of physician), hereby declare and certify, under penalty of the provision of 18.U.S.C. 1101 that: (1) I have sought or obtained the cooperation of the California Department of Health Services; and (2) I do not now have pending, nor will I submit during the review of this request, another request to any United States Government department or agency or State Department of Public Health, or equivalent, to act on my behalf in any matter relating to a waiver of my two year country physician presence requirement.

18. Original package and one unbound copy of entire package

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Helpful Websites: California Primary Care Association www.cPCA.org, California State Rural Health Association www.csrha@csrha.org, and California Office of Statewide Planning and Development www.oshpd.ca.gov